

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/17/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PACIFICA SENIOR LIVING WILMINGTON

2744 S 17TH STREET
WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report of Follow-up Survey by Billy S. Bryant and Frank Strickland on 7/17/2015. Deficiencies were cited that require a plan of correction.	(C 000)		
(C 101)	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost. This Rule is not met as evidenced by: I. Based on observation the facility was not in compliance with the requirements for special locking as per the N.C. Building Code as evidenced by a component of the special locking system was not operable. Facility occupants in the S.C.U. could be effected if the special locking system magnetic door locks did not unlock in the event of an emergency that would necessitate emergency evacuation of the S.C.U.	(C 101)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

QW123

If continuation sheet 1 of 2

Division of Health Service Regulation

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(C 101)	Continued From page 1 A. New finding on 07/07/2015: 1. When tested, the keyed switch for the locking system central emergency manual override located at the nurses' station did not unlock the magnetic locks on the doors.	(C 101)		

Pacifica Senior Living**2744 S 17th Street, Wilmington NC 28412***Plan of Correction – Follow-Up Biennial Construction Survey 7/17/15 Ho1065032*


	<i>Plan of Correction</i>	<i>Completion Date</i>
C101 <i>Based on observation the facility was not in compliance with the requirements for special locking as per the NC Building Code as evidenced by a component of the special locking system was not operable. Facility occupants in the S.C.U. could be effected if the special locking system magnetic door locks did not unlock in the event of an emergency that would necessitate emergency evacuation of the S.C.U.</i>	<p>The locking system central override was repaired on 7/22/15 by Sentinel. The key was converted to a button on 7/22/15 by Sentinel.</p> <p>All other doors and releases were checked in the facility on 7/17/15 to check for proper functioning by Maint Director/ED.</p>	<p>Completed 7/22/15</p> <p>Ongoing monitoring will continue: Maintenance Director/designee will check that doors and emergency release override is functioning appropriately monthly. Findings will be taken to QA&A for monthly review.</p>

The central over ride release is
functioning & has been tested
on all the Memory Care doors.
It has been switched to a button.

Company:

Sentinel

Name

Timothy Clark - 

Date:

7/22/15


Heidi Droeppel